

or causing, authorizing, permitting or directing the use, maintenance, and operation of said hospital and said branch thereof as hospitals in which persons not qualified, permitted, nor authorized by law are given treatment, care, and hospitalization.

And the undersigned hereby makes demand upon the said Albert T. Eaves as such auditor of said county, to cease and desist from drawing warrants on the treasury of the said county in payment of any claims or demands for such uses and purposes of said hospital and said branch thereof, which are not provided for or authorized by law, and the undersigned hereby makes demand upon said W. B. Metcalf as the treasurer of said county, to cease and desist from paying any warrants out of the treasury of said county for such unauthorized uses and purposes which are not provided for or authorized by law.

Dated at Santa Barbara, California, October, 1932.

WILLIAM S. LONG.

ORDER FOR RECOVERY

Having cleared the way by this formal demand for cessation of the alleged illegal county activity, Long makes the following demand upon District Attorney Percy Heckendorf to recover the money alleged to have been illegally spent in past years:

To Percy C. Heckendorf, District Attorney of the County of Santa Barbara, State of California.

The undersigned, a citizen, resident in, and a taxpayer of, the said county of Santa Barbara, hereby makes demand upon you to institute suit in the name of the said county of Santa Barbara, against C. L. Preisker, Ronald M. Adam, Fred G. Stevens, Sam J. Stanwood and Thomas T. Dinsmore, as supervisors of the said county of Santa Barbara, and against Albert T. Eaves, as auditor of said county of Santa Barbara, and W. B. Metcalf, as treasurer of said county of Santa Barbara, to recover all moneys paid out of the treasury of the said county of Santa Barbara for the maintenance and operation of the county hospital known as the General Hospital of said county, and the Santa Maria branch thereof, for the furnishing of care, treatment and hospitalization in said hospitals to and for persons other than the indigent sick and the dependent poor of said county, partially dependent persons in cases of emergency, persons in the active stages of tuberculosis, and physically defective or handicapped persons under eighteen years of age when the parents or guardians of such persons are not financially able to secure proper care and treatment, and sick or injured persons in cases of emergency, together with twenty per cent damages thereon as provided by law, and to restrain the payments of any warrants drawn in payment of any claims or demands for any of said unauthorized disbursements and purposes aforesaid.

Dated at Santa Barbara, California, October, 1932.

WILLIAM S. LONG.

C. M. A. PLAN FOR SERVICE TO LOW BRACKET INCOME CITIZENS*

From the *Bulletin* of the Los Angeles County Medical Association is reprinted the following account of the meeting of that county unit, held to hear a presentation of some of the plans which have been evolved by the California Medical Association Committee on Public Relations. The article is as follows:

* See, also, this issue of California and Western Medicine for editorial comment, and an article in the Department of Public Relations column, pages 322 and 330.

MEDICAL SERVICE PLAN PRESENTED TO GREAT GATHERING OF LOS ANGELES COUNTY ASSOCIATION

"When the Angel Gabriel blows his horn there will be some who will rub the dust out of their eyes and say that they are not ready."

"The time for procrastination on the problems that face the medical profession is past. There are some who are sure to say we should wait a while longer. We can no longer take that position. An able committee with able counsel have made an exhaustive study of all the factors available, and have shown us the way."

"It is time to march on."

From the address of John H. Graves, M. D.

The greatest gathering in the history of the Los Angeles County Medical Association assembled at the Breakfast Club, Wednesday evening, October 12, to hear the presentation, for their earnest consideration, of the medical service plan as prepared after months of work and study by the Public Relations Committee of the California Medical Association.

More than six hundred sat down to the steak dinner which preceded the program. Others, because of previous engagements, arrived later to hear the speakers.

Among these speakers were Dr. John H. Graves, San Francisco, chairman of the Public Relations Committee; His Honor, Leon R. Yankwich, judge of the Superior Court, Los Angeles; Dr. Harry H. Wilson, secretary of the County Medical Association and a member of the Public Relations Committee, and Hartley F. Peart, San Francisco, counsel for the California Medical Association.

Doctor Wilson, in outlining the plan and summarizing the work done by the committee, said:

"The committee approached the problem of providing proper medical care for the low-income individual in an utterly unselfish manner. There was no attempt to put over a 'program.' The plan as developed is the result of a searching diagnosis of the pressing problems involved and of all the plans that from time to time have been presented or tried here and abroad. It is the sense of the committee that the merits of the principles involved be left entirely for the approval of the various county units.

"Where does the responsibility for the medical care of the people rest? We have seen it shift from the individual physician to the state, and at the present time there is a division of such responsibility. Organized Medicine has allowed this condition to develop, and has stood by and helped.

"It is discouraging to the profession to know that service now is given gratis by the profession to one-half of the sick in California. County Health Department bureaus, the Workmen's Compensation laws, company medical care, clinics—free or semi-free, and health insurance, the newest move, are taking the responsibility for the care of the sick out of the hands of those who should have it—the physicians."

The aim of the committee in devising the plan was stated briefly by Doctor Wilson as follows:

"To devise a plan, regardless of personal views, regardless of the fact that it might be rejected by county units or the Council of the California Medical Association; to formulate a plan as free from errors or objectional features as possible."

A survey of the activities of various governmental agencies was presented by Doctor Wilson to show the great encroachment such activities have made into the rightful province of individual medical practice.

He outlined the essential elements of the plan as prepared by the committee and adopted by the Council of the State Association. (These are printed under a separate heading in this issue of the Bulletin.)

"The problem has been brought about," said Doctor Wilson, "by the optimism of the average man who fails to budget the probable cost of illness. Educational work has been urged; has been tried extensively, and has proved futile. The next step is a definite plan that the average man will find workable."

Dr. William R. Molony, president of the County Association, in presenting the next speaker, said:

"For a long time the medical profession has been concerned only with its own affairs. There has been little or no civic consciousness. It is time that the profession develop such consciousness and take a greater interest in those things that now vitally concern us."

"No words can express the significance of such a large gathering. It is an able answer to those who say that the medical profession is not socially minded or interested in the welfare of those about us," said Dr. John H. Graves, in opening his talk. He continued:

"I can assure you that the Public Relations Committee members who gave up their spring and summer and fall months to work on this plan have proceeded calmly to analyze the problems and to arrive at sane conclusions.

"There are some essential facts: The advance in medical science in the last forty years has added more benefits to civilization than all the inventions or advances in all the other branches of human activity.

"It is paradoxical that the medical profession should be so ultraconservative when it comes to changing the method of presentation of their new services when they are making such rapid strides in changing—constantly for the better—the methods of treatment.

"We are now asked by society to make these new findings of medical science available to all when they are in need of them.

"These services are available now for the indigent. They are available for the rich—of whom we still have a few left. But what about the man of moderate means? He is our average patient and special concern. For him to obtain adequate medical care at a price he can afford to pay is the problem. The medical profession is asked by a waiting public to solve it. And while we are delaying, two methods for the obtaining of such service have been presented:

"The first, compulsory state insurance controlled by politicians, which service is in vogue in Europe and is a failure in that the service is inadequate and results in quackery, fraud, and political and professional corruption. It is fraternalism in its purest form and is not acceptable to citizens of the State of California.

"The second method is health insurance sold for profit by promoters who propose to sell the prospective patient a physician's services. Many such services defraud the people and disgrace the profession.

"There is no place for the middleman to stand between the physician and his patient.

"The plan which is presented here and which has been approved by the Council of the State Association, is the medical profession's positive answer to society's query: 'What are you going to do for us?'

Further details of the plan were discussed by Doctor Graves in which he showed that the plan was designed to protect the individuality of the physician and the patient and that the legal status of the plan was firmly established.

In concluding, Doctor Graves said:

"There will be some who will say that we should wait awhile. That is not judicious now; the problem has been thoroughly analyzed and a program to meet it evolved. To wait now is procrastination. When the Angel Gabriel blows his trumpet there will be some who will ask him to wait a minute because they are not ready, but are still rubbing the dust out of their eyes. We can no longer take the position of watching and waiting. The work has been done by an able committee with able counsel. It is time to march on."

Dr. Lyell Kinney of San Diego, past president of the State Association, paid a high tribute to the members of the committee, and said:

"You may study this plan long before you will find a flaw in it. The State Association has been working quietly but diligently in a most important fight against premature efforts at state medicine. This plan is offered as an answer."

Hartley F. Peart, counsel for the State Association, discussed the legal aspects of the plan and denounced the principles of some of the lay operated hospital associations, which he said were exploiting the sick and the doctor at the same time, and whose activities were now subject to investigation. He stated that some of these lay institutions are making a farce of the practice of medicine.

Mr. Peart told of the conditions in medical practice that have developed through county hospital situations in a number of counties, especially Merced, Kern, and Santa Barbara counties. These situations, he said, call for immediate and diligent attention by the profession.

Any question as to the financial liability of a county unit or of the individual physician in such a unit when the unit adopts the plan was allayed by Mr. Peart. The plan in no way increases the normal liability in medical practice as applies to the individual physicians who compose the unit adopting it, or to the unit as a whole.

Leon R. Yankwich, judge of the Superior Court of Los Angeles, in a most interesting and learned talk, traced through history the changes that have taken place in the social and economic structure to illustrate that such changes are constant and inevitable, and that such changes can best be met by those who are awake to them.

The *Bulletin* of the Los Angeles County Medical Association also printed the following digest of the plan for carrying on this work through county medical societies:

IMPORTANT ELEMENTS OF MEDICAL SERVICE PLAN

Provides freedom of choice for both physician and patient.

Prevents prostitution of medical profession for profit.

Maintains the highest standards of the medical profession.

Each operating county unit to be completely under the control of the medical profession in that unit.

Service not to cover disability provided for by governmental provisions.

Service free from indemnity provisions.

Service limited to wage groups, coming under a certain financial standard, which standard is to be determined by the county units adopting the plan.

Best insurance principles incorporated as relates to rates and collections of fees from beneficiaries.

Provision for a hospital insurance plan, operating as a part of the medical service plan, or jointly with it, but under the complete control of the medical profession.

Hospital plan provides method of determining length of stay of beneficiary in hospital, lack of which factor has caused failure of insurance company attempts in the past.

Provides complete protection from financial liability.

The plan as presented has been approved by the Council of the California Medical Association.

ALAMEDA COUNTY HEALTH CENTER CLINICS*

In 1918, under the inspiration and tutelage of Miss Annie Florence Brown of Oakland, there was established in Oakland an eleemosynary corporation under the title, "Public Health Center of Alameda County." In Berkeley and in Alameda there had been clinic centers established and these changed their names in the course of time to the Berkeley Health Center and the Alameda Health Center. Throughout Alameda County there were rural Health Centers developed which called themselves branches of the Alameda County Health Center, but over these centers the Alameda County Health Center did not exercise control.

In 1920 the Oakland College of Medicine turned its property over to the Alameda County Health Center and the Center's activities were moved to the college building at the corner of Thirty-first and Grove streets. This was a clinic for indigents and for those who were partly able to pay. During the first year of its operation there were 30,000 visits made to the clinic, and for these 30,000 visits the Health Center collected \$17,000. During the year July 1, 1931, to June 30, 1932, there were made to the Public Health Center of Alameda County 106,839 visits. Of these visits, 76,653 were made totally at the cost of the Health Center. In other words, these were indigents and given "classification A"; "B class," consisting of 22,548 paid ten cents per call; "C class," consisting of 1,755, paid actual cost of all materials used in the visit. The average patient who paid at all paid between 18 and 19 cents per visit. It has been noted that from 30,000 visits to the Public Health Center in 1920 the Center collected \$17,000. For the 106,839 visits for the fiscal year of 1931 and 1932, the Health Center collected \$7000.

It is interesting to know that after the social service department had classified patients as "C" or "D" and then billed them in accordance with "C" or "D" classification, the usual experience was for the patient to claim classification in a lower bracket and usually accomplished a "B" classification. The fact that this occurred in a very large number of instances is evidence either of the fact that the Social Service classification was not accurately done or that an over-altruistic leniency permitted the reclassification in a lower class bracket.

In 1930 a survey of Alameda County was made by J. W. Mountin, surgeon of the United States Public Health Service, and his report was filed during that same year with the Alameda County Board of Supervisors. The circumstances surrounding the investiga-

* Contributed by request, by Daniel Crosby, M. D., Oakland, who addressed the Council of the California Medical Association on this subject at the September 24 meeting of the Council. See, also, pages 324 and 330, in this issue.